

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09757435	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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39		1				
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42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	4					
TOTAL DEP.	46	1	1	1		
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54						
55						
56						
57						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	3	1	1	1	1	1
TOTAL CLAIMS	3					

BEST AVAILABLE COPY